UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.15/Add.1
8 July 1996
ENGLISH
ORIGINAL: ENGLISH/FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Third regular session 1996
16-19 September 1996
Item 3 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Togo

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Togo which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $5 million from general resources, subject to the availability of funds, and $5 million in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.2).

96-16956 (E) 240796 020896 050896

Basic data (1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.9
Under-five mortality rate (U5MR) (per 1,000 live births)	132
Infant mortality rate (IMR) (per 1,000 live births)	83
Underweight (percentage, moderate and severe) (1988)	24
Maternal mortality rate (MMR) (per 1,000 live births) (1990)	640
Literacy (percentage, male/female) (1993)	67/37
Primary school enrolment (percentage net, male/female) (1993)	80/58
Percentage of grade 1 reaching grade 4 (1990)	70
Access to safe water (percentage) (1992)	63
Access to health services (percentage) (1985)	61
Gross national product (GNP) per capita	US$ 320
One-year-olds fully immunized against (percentage):	
tuberculosis	73
diphtheria/pertussis/tetanus	71
measles	58
poliomyelitis	71
Pregnant women immunized against (percentage):	
tetanus	72

THE SITUATION OF CHILDREN AND WOMEN

1. The level of basic social services coverage in Togo is superior to that in most countries of the region, even though the acute and prolonged political crisis which lasted from 1990 to 1994 has had repercussions on many economic and social indicators. The per capita gross national product (GNP) fell from $400 in 1992 to $320 in 1994. The majority of the population is below the poverty level, particularly in the northern regions (Savanes, 95 per cent; Kara, 93 per cent). In 1995, however, the economy began to recover, and international cooperation, which had been suspended in early 1993, resumed.

2. The high infant mortality rate (IMR) and infant and child mortality rate can be attributed mainly to malaria, acute respiratory infections (ARI), diarrhoeal diseases, target diseases of the expanded vaccination programme, nutritional deficiencies, acquired immunodeficiency syndrome (AIDS) and low birth weight. The maternal mortality and morbidity rates are still linked to haemorrhaging, infections, nutritional and metabolic disorders, sexually transmitted diseases and AIDS, malaria, nutritional deficiencies and dracunculiasis. The principal causes for this situation are lack of information, insufficient accessibility of quality care and the deficiency of basic education, which is particularly pronounced among women.

3. Inadequate access to drinking water, particularly in rural areas, contributes to the very high frequency of diarrhoeal diseases and parasitic

disorders and to the excessive workload of women. The inadequate utilization of water also places a limit on the potential health benefits. In 1992, less than 3 per cent of rural areas had adequate excreta disposal systems. The need is not strongly felt because there is no communication and education strategy in place that could change bad health practices.

4. Statistics from the Ministry of Education show that the school enrolment rate, which fell from 76 per cent in 1990 to 61 per cent in 1994, is characterized by strong regional and gender disparities. The completion rate is low, and the repeater rate is one of the highest in the subregion. These figures can be attributed to the mediocre quality of the teaching.

5. The State's weak capacity for governance, the lack of involvement of communities (ineffective decentralization), and socio-cultural beliefs which are discriminatory towards women constitute the basic structural causes of the priority problems listed above. The Government's sectoral policies are in keeping with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the objectives of the World Summit for Children. However, the efforts made to implement and monitor the mid-decade objectives do not always measure up to needs.

PROGRAMME OF COOPERATION, 1994-1996

6. After the establishment of a country office and as a consequence of the deterioration of the political situation, the cooperation programme initially envisaged for the period 1990 to 1994 was followed by a short-term programme for the period 1994 to 1996, the aim of which was to help reduce IMR from 90 to 70 per 1,000 live births. It is difficult to evaluate this ambitious objective over such a short period of time.

7. The purpose of the health/nutrition programme was to reduce specific mortality rates (measles, neonatal tetanus, diarrhoeal diseases and nutritional disorders). There have been positive achievements in immunization coverage, in access to essential generic drugs (the Bamako Initiative coverage rose from 26 per cent in 1992 to 90 per cent in 1995) and in the provision of oral rehydration therapy (ORT) and iron and folate supplement.

8. The water supply/sanitation/dracunculiasis (Guinea worm) programme was intended to reduce morbidity rates attributable to dracunculiasis and diarrhoeal diseases by improving hygiene. Cases of dracunculiasis have been reduced, owing to the availability of water filters and information. Access to safe drinking water and sanitation, however, was extremely poor because of the ineffectiveness of the strategies adopted and the belated development of an approach that was integrated and adapted to the needs of the communities.

9. The aim of the community capacity-building programme was to empower communities and women, providing them with better information and giving them more control over decisions affecting their health and that of their children. The programme helped to implement a village planning strategy supported by local technical services and non-governmental organizations. This strategy strengthened previous sectoral initiatives which afforded only limited

opportunities for decision-making and were largely geared to financial management.

10. The purpose of the programme to monitor the progress of the situation of children and women was to support the planning and mobilization efforts to reduce mortality. This programme has made it possible to conduct a survey on the multiple mid-decade indicators.

Lessons learned

11. The emphasis placed on the provision of services in the combination of strategies used to achieve the programme's objective was fully justified by the continuing poor access to services (health, safe drinking water, sanitation, lightening of women's workload, and women's education). The first five years of the decade have seen a marked improvement in access to outlying health services and rural water supply, through a combination of sources of assistance. From now on, stress must be placed on improving the quality of education with a view to bringing about the behavioural changes necessary to find a profound and lasting solution to the problems identified. Moreover, the Government remains strongly dependent on external assistance for supplies of vaccines and oral rehydration salts. Finally, monitoring capacity is still a weak point at all levels, which limits the quality of the services provided.

12. Support for services for women, a component of the 1990-1993 programme, has been limited by strategies advocated by technical services which were too costly and difficult to sustain (literacy campaigns, day-care centres, income-generating activities). These were replaced by more efficient strategies conceived in partnership with non-governmental organizations. The community approach still takes too little account of gender disparities and discrimination against women.

13. Inadequate access to information and education constitutes a major constraint on the long-term continuation of the activities undertaken to modify bad health and hygiene practices. The lack of a strategy for mobilizing decision-makers and donors has made it impossible to influence policies significantly to meet the basic needs of the most disadvantaged children and women. However, this programme has seen the development of a fruitful collaboration with non-governmental organizations, which has made a significant contribution to the achievement of results in a period of crisis (support for technical services and communities). Finally, coordination with United Nations agencies and with multilateral and bilateral cooperation mechanisms represents a promising challenge in the attempt to fight poverty and harmonize approaches to health and education.

RECOMMENDED PROGRAMME OF COOPERATION, 1997-2001

Estimated annual expenditure

(Thousands of United States dollars)

General resources	1997	1998	1999	2000	2001	Total
Health/water	446	376	412	366	363	1 963
Basic education for girls	116	207	177	216	213	929
Community capacity-building	270	248	243	218	231	1 210
Monitoring the situation of women and children	73	83	84	114	104	458
Programme support	95	86	84	86	89	440
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Health/water	350	400	480	490	560	2 280
Basic education for girls	170	200	290	320	390	1 370
Community capacity-building	150	182	205	267	300	1 104
Monitoring the situation of women and children	10	34	34	68	100	246
Subtotal	680	816	1 009	1 145	1 350	5 000
Total	1 680	1 816	2 009	2 145	2 350	10 000

14. The Government and UNICEF have organized a strategy meeting, planning workshops and a preliminary meeting to review the documentation defining the next programme. Governmental institutions at national and regional levels and non-governmental organizations have participated actively in this process. Major donors and representatives of the member countries of the Executive Board were involved, taking part in the various meetings or through individual presentations and discussions.

Programme goals and strategy

15. The programme is in keeping with the framework outlined by the World Summit for Children, the Convention on the Rights of the Child and the national programme to combat poverty. Its aim is to improve survival, development and gender equity for the benefit of the most disadvantaged women and children in Togo and, in particular, in the Savanes, Kara and Maritime regions.

16. The programme is comprised of the following sectoral programmes: health/water, basic education for girls, community capacity-building and monitoring of the situation of women and children. These will be concentrated in the poorest

regions, where UNICEF has already accumulated some cooperation experience. The title of the situation-monitoring programme, initially entitled "mobilization" in the country note, has been modified to better reflect its actual content. The health/water programme will include the 17 prefectures of the regions covered, while the community capacity-building and basic education for girls programmes will cover eight prefectures, selected according to rates of disparity in school enrolment between boys and girls (500 or fewer girls per 1,000 boys). The health/water programme will cover 80 per cent (2,050) of villages throughout the 17 prefectures. The community capacity-building programme will cover 50 per cent of villages (approximately 500) in the eight prefectures, and the basic education for girls programme will cover 30 per cent of villages (300) in the eight prefectures. The community capacity-building programme will take into account all the villages implementing the basic education for girls programme. General resources will cover approximately 40 per cent of the villages chosen, and geographical expansion will depend on the availability of supplementary funding.

17. The programme will be structured along four main strategic lines:

(a) The empowerment of communities will be promoted through a general participatory approach to the identification and analysis of problems, research into solutions and their planning, management, monitoring and evaluation at the village level. It will be underpinned by communications and education strategies relating to health, hygiene and nutrition, the environment and discrimination against women, and will use the media as a support for interpersonal communication. It will be accompanied by technical training in the required areas;

(b) Support for the provision of services will be designed to control the main preventable diseases responsible for the mortality and morbidity of children under five and pregnant women, and also to improve basic education for girls;

(c) National capacity-building in respect of planning and monitoring, participatory development, supervision and the recognition of gender disparities will be aimed at technical services personnel and non-governmental organizations to ensure that participatory approaches are used and to improve the quality of services. Capacity-building will also involve the non-formal private sector, in the development of sanitation infrastructures;

(d) Partnership with other sources of external assistance will ensure that the supply of services meets the demand created by the empowerment of communities in the three regions supported by UNICEF. It will also make it possible to harmonize approaches and extend services to other regions, with a view to equitable development at the national level.

18. The basic education for girls and community capacity-building programmes will constitute the framework for the use of methods that can bring about lasting behavioural changes. They will improve the living conditions of children and women in the target zones, and will also serve as a model to influence national policies. Monitoring and evaluation mechanisms will be

established which will ultimately permit the principal results to be used on a wider scale.

Health-water

19. The objectives of this programme in the regions concerned are: (a) to reduce specific infant and child mortality rates caused by measles, diarrhoea and malaria by 30 per cent; (b) to reduce specific morbidity rates caused by measles, diphtheria and pertussis by 40 per cent; (c) to help eradicate poliomyelitis and eliminate neonatal tetanus; (d) to help eliminate vitamin A and iodine deficiency disorders; (e) to reduce the annual number of diarrhoea episodes from 6 to 4 per child, and to significantly reduce the gravity of malaria and acute respiratory infections in children under five; (f) to reduce the maternal mortality rates in hospitals by 30 per cent; and (g) to help eradicate dracunculiasis in Togo. The programme is comprised of three projects: outlying health services; drinking water supply/sanitation; and health, hygiene and nutrition education.

20. The objective of the outlying health services project is to improve the effectiveness and durability of the minimum package of services relating to the reduction of maternity risks and to infant survival and growth for 80 per cent of the women and children in the selected regions. The main activities are: (a) community management of recovery of costs, to cover part of clinic operating expenses and permit the consolidation of the strategy; (b) development of integrated community monitoring and surveillance; (c) partial provision of oral rehydration salts and vaccines; (d) supply of equipment and medicines permitting improved coverage of health services (and maternity services in particular) at the prefectorial level, developing a model of the Bamako Initiative type; and (e) training in decentralized planning, management and supervision of the prefectorial health team.

21. The objectives of the drinking water supply/sanitation project are: (a) to ensure and maintain access to a safe drinking water supply for 10 per cent of the population of the Maritime region, to reach 80 per cent in conjunction with the French Development Fund; (b) to ensure adequate management of the sewage and domestic waste of the rural populations of 500 villages (giving priority to community capacity-building). It includes the following activities: (a) community planning based on a participatory approach to solving hygiene problems, drinking water supply and sanitation in the nine prefectures not covered by the community capacity-building programme; (b) renovation, construction and improvement of water points; (c) popularization of improved family latrines; (d) training of masons and material support for building slab latrines; and (e) community organization and material support for the management of domestic waste and waste water.

22. The objective of the project on education for health, hygiene and nutrition is to promote behaviour conducive to health, nutrition and hygiene in 80 per cent of the villages of the three regions, more particularly among women and children. The principal activities will be: (a) organizing surveys of knowledge, attitudes and practices; (b) defining messages and preparing audio aids for the media and visual aids for interpersonal communication based on a

limited number of types of risk behaviour; (c) training health staff and community health workers in communication techniques.

23. Partnership will be developed in order to ensure the harmonization of approaches and complementarity, in particular with the regional primary health care programmes supported by the French and German Cooperation Services (Plateaux and Central regions), the non-governmental organization Iles de Paix (Savanes region) and the private religious sector throughout the country. Partnership will also be extended to the health/population programme supported by the World Bank, as well as to the technical assistance activities of the World Health Organization and the United Nations Population Fund, and to the European Union funds for the provision of vaccines. Lastly, the regional programme development activities supported by the European Union (Savanes and Kara regions), the French Cooperation Service (Maritime region) and the German Cooperation Service (Plateaux region) will also be covered by the partnership.

Basic education for girls

24. The objective of the programme is to promote the school enrolment of 80 per cent of girls aged 6 to 15 years in some 300 villages in eight prefectures in the Savanes (as a whole), Kara (Dankpen, Kéran) and Maritime (Vo and Lacs) regions. The programme comprises two projects: school enrolment of girls and parental education. The key activities of the project on the school enrolment of girls include: (a) selecting priority villages; (b) community planning of activities and selecting social welfare workers and leaders of non-governmental organizations; (c) setting up day-care centres for children aged 2 to 5 years and school canteens; (d) working out the content of training programmes and providing training for teachers; and (e) providing material and financial incentives for the school enrolment of girls. The parental education project will provide parents with information and material as a basis for discussion and action to encourage the school enrolment of girls, their retention in school and their academic success. Key activities include holding discussion meetings, launching a movement of volunteers to promote the education of girls, revitalizing and forming parental committees and conducting a literacy campaign. The programme supplements the World Bank's support programme for educational management, the education project of the French Cooperation Service and the education projects supported by various non-governmental organizations.

Community capacity-building

25. The objective of this programme is to strengthen the control by communities themselves, and by women in particular, of conditions for the survival and development of children and women in 50 per cent of the village communities in eight prefectures. It comprises two projects: microplanning, and support for services for women.

26. The objective of the microplanning project is to improve planning, management and monitoring capabilities in 50 per cent of the village communities in the selected prefectures, while ensuring the equitable participation of women in that process. The participatory approach to the resolution of problems will be applied in an exhaustive and integrated manner in the context of this project. It will support the analysis of perceived problems in all the priority

areas of development. The main activities are: (a) training technical officers and leaders of non-governmental organizations in the participatory approach to planning and monitoring; (b) methodological and logistic support for the implementation of village planning and monitoring; (c) management training for village development committees; (d) arranging for the review and evaluation at the village level of the planned activities; and (e) training leaders at the regional and prefectural levels on "gender issues".

27. The objective of the family services support project is to increase to 80 per cent the access of women to the specific services they have identified as having priority in those villages that have developed a village plan of action, and to ensure their involvement in management. It includes the following activities and is adjustable in the light of the problems identified in each village: (a) building improved focal points; (b) reafforestation; (c) providing grinders for grain; (d) promoting income-generating activities; (d) management training for women's groups; and (e) establishing day-care centres in villages not covered by the programme on basic education for girls.

28. Solutions to the priority problems affecting children and women, identified at the integrated microplanning stage, can thus be found through the community capacity-building programme itself, the sectoral programmes and the development of partnership with other cooperation services/projects in order to provide access to services not covered by this cooperation programme. In particular, this will make it possible to implement a strategy for improving nutrition within communities (food supplies).

29. Complementarity will be sought in particular with projects in support of decentralization and of grass-roots initiatives assisted by the United Nations Development Programme, the French Cooperation Service, the World Bank and the European Union, and the projects of the United Nations Capital Development Fund and the International Fund for Agricultural Development (Savanes region).

Monitoring the situation of children and women

30. The objective of the programme is to strengthen the capabilities of technical services and study and research institutes with respect to monitoring at the regional and central levels. The programme will emphasize the coordinated processing and analysis of data on children and women on the basis of a standardized model. The programme comprises two projects: ongoing analysis of the situation of children and women; and dissemination of information on the situation of children and women. Key activities include setting up a joint programme for data utilization, training data bank managers, producing a newsletter containing information on the situation of children and women and disseminating it among decision-makers, elected officials and civil society.

Programme management

31. Coordination and monitoring of the programme will be approved by an interministerial committee composed of coordinators from each ministry and of representatives of the non-governmental organizations involved, chaired by the Minister for Planning and Territorial Development. UNICEF will provide

technical support and equipment through its programme team, supported by its operational support personnel.

Monitoring and evaluation

32. Monitoring and evaluation are seen as management tools for the cooperation programme and for the planning and oversight of the situation of children and women, by providing regular analysis at the national level. That level is the subject of a programme in its own right (monitoring the situation) and requires a contribution from the entire range of Togo's development partners. The country programme will be reviewed annually and at the mid-point together with governmental officials and all the partners. An integrated monitoring, evaluation, study and research plan has been drawn up for the programme as a whole.

Strategy for mobilization of funds

33. In order to meet the need for supplementary funding, a funding strategy is to be drawn up relying on a major public relations drive in collaboration with decision-makers at the highest level. This strategy will have several components: (a) submission of requests for specific programmes addressed to outside donors (Governments, national committees for UNICEF, and so forth); (b) collaboration with multilateral institutions such as the European Union and the World Bank; (c) fund-raising at the local level; and (d) the sale of UNICEF items in conjunction with the holding of special events.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : TOGO
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH/WATER	1,963			1,963	0	0	0	0	0	0	0	1	0	1	0.0	193.7	193.7
COMMUNITY CAPACITY-BUILDING	1,210			1,210	0	0	0	0	0	0	0	2	0	2	105.0	441.4	546.4
BASIC EDUCATION FOR GIRLS	929			929	0	0	0	0	0	0	0	0	1	1	0.0	74.8	74.8
FOLLOW-UP TO SIT. OF CHIL./WOMEN	458			458	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	440			440	0	0	0	0	0	0	0	0	5	5	0.0	223.3	223.3
TOTAL GR	5,000			5,000	0	0	0	0	0	0	0	3	6	9	105.0	933.2	1,038.2
SUPPLEMENTARY FUNDING :																	
HEALTH/WATER		0	2,280	2,280	0	0	0	0	0	0	0	0	1	1	0.0	120.7	120.7
COMMUNITY CAPACITY-BUILDING		0	1,104	1,104	0	0	0	0	0	0	0	0	0	0	350.0	350.0	700.0
BASIC EDUCATION FOR GIRLS		0	1,370	1,370	0	0	0	1	0	0	1	0	1	2	769.1	58.9	828.0
FOLLOW-UP TO SIT. OF CHIL./WOMEN		0	246	246	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	5,000	5,000	0	0	0	1	0	0	1	0	2	3	1,119.1	529.6	1,648.7
TOTAL GR & SF	5,000	0	5,000	10,000	0	0	0	1	0	0	1	3	8	12	1,224.1	1,462.8	2,686.9
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			1,214.3													
	Staffing				0	0	1	1	1	0	3	3	5	11	2,306.2	1,090.3	3,396.5
GRAND TOTAL (GR+SF+ADM)					0	0	1	2	1	0	4	6	13	23	3,530.3	2,553.1	6,083.4
Number of posts and staff costs:																	
Current programme cycle											7	7	15	29			
At the end of proposed programme cycle (indicative only)											4	6	13	23	3,530.3	2,553.1	6,083.4

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.